

October 10, 2001

Ms. Rechelle Hollowaty
IBP, Inc.
800 Stevens Port Dr., Suite 710
Dakota Dunes, SD 57049-8710

Re: 017-14945-00034
First Administrative Amendment to
Part 70 T017-7369-00034

Dear Ms. Hollowaty:

IBP, Inc. was issued a permit on May 3, 2001 for a stationary meat packaging and rendering plant. A letter requesting a change in mailing address as well as notifying OAQ regarding the acquisition by Tyson Foods, Inc., was received on August 20, 2001. Pursuant to the provisions of 2-7-11 the permit is hereby administratively amended as follows:

A.1 General Information [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)][326 IAC 2-7-1(22)]

The Permittee owns and operates a stationary meat packing and rendering plant.

Responsible Official:	Darrell Schmidt
Source Address:	Hwy. 35 & 25 Bypass, Logansport, IN 46947
Mailing Address:	2125 South County Road 125 West, Logansport, IN 46947 800 Stevens Port Dr, Suite 710, Dakota Dunes, SD 57049-8710
SIC Code:	2011,2077
County Location:	Cass
Source Location Status:	Attainment for all criteria pollutants
Source Status:	Part 70 Permit Program Minor Source, under PSD

Effective September 28, 2001, Tyson Foods, Inc. acquired IBP, Inc. IBP, Inc will continue to operate under that name at the Logansport Plant. IBP, Inc. will function a a wholly owned subsidiary of Tyson Foods, Inc. (parent company). IBP, Inc. has requested the mailing address be changed on the permit to reflect the IBP Corporate Office address.

IBP, Inc. has not transferred the responsible official duties from the current Mr. Darrell Schmidt, Vice President/Complex Manager. Mr Schmidt meets the requirements of 326 IAC 2-7-1(34)(A)(iv).

All other conditions of the permit shall remain unchanged and in effect. Please attach a copy of this amendment and the following revised permit pages to the front of the original permit.

IBP, Inc.
Logansport, Indiana

Page 2 of 2

This decision is subject to the Indiana Administrative Orders and Procedures Act - IC 4-21.5-3-5. If you have any questions on this matter, please contact Gary Freeman, at (800) 451-6027, press 0 and ask for Gary Freeman or extension 3-5334, or dial (317) 233-5334.

Sincerely,

Original signed by

Paul Dubenetzky, Chief
Permits Branch
Office of Air Quality

Attachments: Replacement Pages

PD/gkf

cc: File - Cass County
Cass County Health Department
Air Compliance Section Inspectors - Marc Goldman
Compliance Data Section - Karen Nowak
Permit Review Section 1 - Gary Freeman

PART 70 OPERATING PERMIT

OFFICE OF AIR QUALITY

IBP, Inc.
Hwy. 35 & 25 Bypass
Logansport, Indiana 46947

(herein known as the Permittee) is hereby authorized to operate subject to the conditions contained herein, the source described in Section A (Source Summary) of this permit.

This permit is issued in accordance with 326 IAC 2 and 40 CFR Part 70 Appendix A and contains the conditions and provisions specified in 326 IAC 2-7 as required by 42 U.S.C. 7401, et. seq. (Clean Air Act as amended by the 1990 Clean Air Act Amendments), 40 CFR Part 70.6, IC 13-15 and IC 13-17.

Operation Permit No.: T017-7369-00034	
Issued by: Janet G. McCabe, Assistant Commissioner Office of Air Quality	Issuance Date: May 3, 2001 Expiration Date: May 3, 2006
First Administrative Amendment: 017-14945-00034	Page Affected: 5, 34, 35, 36, 37,38 and 39
Issued by: Original signed by Paul Dubenetzky, Branch Chief Office of Air Quality	Issuance Date: October 09, 2001

SECTION A

SOURCE SUMMARY

This permit is based on information requested by the Indiana Department of Environmental Management (IDEM), Office of Air Quality (OAQ). The information describing the source contained in conditions A.1 through A.3 is descriptive information and does not constitute enforceable conditions. However, the Permittee should be aware that a physical change or a change in the method of operation that may render this descriptive information obsolete or inaccurate may trigger requirements for the Permittee to obtain additional permits or seek modification of this permit pursuant to 326 IAC 2, or change other applicable requirements presented in the permit application.

A.1 General Information [326 IAC 2-7-4(c)] [326 IAC 2-7-5(15)][326 IAC 2-7-1(22)]

The Permittee owns and operates a stationary meat packing and rendering plant.

Responsible Official:	Darrell Schmidt
Source Address:	Hwy. 35 & 25 Bypass, Logansport, IN 46947
Mailing Address:	800 Stevens Port Dr. Suite 710, Dakota Dunes, SD 57049-8710
SIC Code:	2011,2077
County Location:	Cass
Source Location Status:	Attainment for all criteria pollutants
Source Status:	Part 70 Permit Program Minor Source, under PSD

A.2 Emission Units and Pollution Control Equipment Summary [326 IAC 2-7-4(c)(3)]
[326 IAC 2-7-5(15)]

This stationary source consists of the following emission units and pollution control devices:

- (a) One (1) Inedible Pork Rendering Facility, with a production capacity of 13,957 pounds per hour of crax (bone meal), consisting of the following equipment:
 - (1) One (1) Dupps 320U wet cooker, with emissions controlled by a condenser and a venturi/packed bed scrubber with a flow rate of 18,000 acfm, and one (1) Dupps 1800 wet cooker that will be used only as a backup.
 - (2) One (1) Dupps drainer screw, with emissions controlled by a venturi/packed bed scrubber with a flow rate of 18,000 acfm.
 - (3) Three (3) Dupps high pressure pressors, with emissions controlled by a venturi/packed bed scrubber with a flow rate of 18,000 acfm.
 - (4) Two (2) Sharples centrifuges, with emissions controlled by a venturi/packed bed scrubber with a flow rate of 18,000 acfm.
 - (5) Two (2) screw conveyors, with emissions controlled by a venturi/packed bed scrubber with a flow rate of 18,000 acfm.
 - (6) One (1) precrusher metering bin, with emissions controlled by a venturi/packed bed scrubber with a flow rate of 18,000 acfm.
 - (7) One (1) inedible crax bin, with uncontrolled emissions exhausting inside the building.
 - (8) One (1) screen, with uncontrolled emissions exhausting inside the building.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
CERTIFICATION**

Source Name: IBP, Inc.
Source Address: Hwy. 35 & 25 Bypass, Logansport, IN
Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710
Part 70 Permit No.: T017-7369-00034

This certification shall be included when submitting monitoring, testing reports/results or other documents as required by this permit.

Please check what document is being certified:

☐ Annual Compliance Certification Letter

☐ Test Result (specify) _____

☐ Report (specify) _____

☐ Notification (specify) _____

☐ Affidavit (specify) _____

☐ Other (specify) _____

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE BRANCH
P.O. Box 6015
100 North Senate Avenue
Indianapolis, Indiana 46206-6015
Phone: 317-233-5674
Fax: 317-233-5967**

**PART 70 OPERATING PERMIT
EMERGENCY OCCURRENCE REPORT**

Source Name: IBP, Inc.
Source Address: Hwy. 35 & 25 Bypass, Logansport, IN
Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710
Part 70 Permit No.: T017-7369-00034

This form consists of 2 pages

Page 1 of 2

- | | |
|----------|---|
| 9 | 1. This is an emergency as defined in 326 IAC 2-7-1(12) <ul style="list-style-type: none">C The Permittee must notify the Office of Air Quality (OAQ), within four (4) business hours (1-800-451-6027 or 317-233-5674, ask for Compliance Section); andC The Permittee must submit notice by mail or facsimile within two (2) days (Facsimile Number: 317-233-5967), and follow the other requirements of 326 IAC 2-7-16 |
|----------|---|

If any of the following are not applicable, mark N/A

Facility/Equipment/Operation:
Control Equipment:
Permit Condition or Operation Limitation in Permit:
Description of the Emergency:
Describe the cause of the Emergency:

If any of the following are not applicable, mark N/A

Page 2 of 2

Date/Time Emergency started:
Date/Time Emergency was corrected:
Was the facility being properly operated at the time of the emergency? Y N Describe:
Type of Pollutants Emitted: TSP, PM-10, SO ₂ , VOC, NO _x , CO, Pb, other:
Estimated amount of pollutant(s) emitted during emergency:
Describe the steps taken to mitigate the problem:
Describe the corrective actions/response steps taken:
Describe the measures taken to minimize emissions:
If applicable, describe the reasons why continued operation of the facilities are necessary to prevent imminent injury to persons, severe damage to equipment, substantial loss of capital investment, or loss of product or raw materials of substantial economic value:

Form Completed by: _____

Title / Position: _____

Date: _____

Phone: _____

A certification is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
NATURAL GAS FIRED BOILER CERTIFICATION**

Source Name: IBP, Inc.

Source Address: Hwy. 35 & 25 Bypass, Logansport, IN

Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710

Part 70 Permit No.: T017-7369-00034

**This certification shall be included when submitting monitoring, testing reports/results
or other documents as required by this permit.**

Report period

Beginning: _____

Ending: _____

Boiler Affected

Alternate Fuel
FromTo

Days burning alternate fuel

I certify that, based on information and belief formed after reasonable inquiry, the statements and information in the document are true, accurate, and complete.

Signature:

Printed Name:

Title/Position:

Date:

A certification by the responsible official as defined by 326 IAC 2-7-1(34) is not required for this report.

**INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF AIR QUALITY
COMPLIANCE DATA SECTION**

**PART 70 OPERATING PERMIT
QUARTERLY DEVIATION AND COMPLIANCE MONITORING REPORT**

Source Name: IBP, Inc
Source Address: Hwy. 35 & 25 Bypass, Logansport, IN
Mailing Address: 800 Stevens Port Dr., Suite 710, Dakota Dunes, SD 57049-8710
Part 70 Permit No.: T017-7369-00034

Months: _____ **to** _____ **Year:** _____

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This report is an affirmation that the source has met all the requirements stated in this permit. This report shall be submitted quarterly based on a calendar year. Any deviation from the requirements, the date(s) of each deviation, the probable cause of the deviation, and the response steps taken must be reported. Deviations that are required to be reported by an applicable requirement shall be reported according to the schedule stated in the applicable requirement and do not need to be included in this report. Additional pages may be attached if necessary. If no deviations occurred, please specify in the box marked "No deviations occurred this reporting period".

9 NO DEVIATIONS OCCURRED THIS REPORTING PERIOD.

9 THE FOLLOWING DEVIATIONS OCCURRED THIS REPORTING PERIOD

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Permit Requirement (specify permit condition #)

Date of Deviation:

Duration of Deviation:

Number of Deviations:

Probable Cause of Deviation:

Response Steps Taken:

Page 2 of 2

Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	
Permit Requirement (specify permit condition #)	
Date of Deviation:	Duration of Deviation:
Number of Deviations:	
Probable Cause of Deviation:	
Response Steps Taken:	

Form Completed By: _____

Title/Position: _____

Date: _____

Phone: _____

Attach a signed certification to complete this report.